MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10029

Reg. Dist. No. 265

1. PLACE OF DEATH· COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS 214 N. 4th St.	STREET ADDRESS (If rural, give location) 214 N. 4th St.

3. NAME OF DECEASED (Type or Print)	(First) SARAH	(Middle) JANE	(Last) AMES	4. DATE OF DEATH	(Month) Oct. 23, (Day) 1949 (Year) 19
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 1880	9. AGE last birthday 69 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Westover, Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Peter Broughton			14. MOTHER'S MAIDEN NAME Eliza Maddox		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS George W. Ames (husband)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

900.0 Immediate cause (a) Myocarditis acute Cardiac Dislatation

Antecedent cause(s)

18ba Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fell Down Stairs

(c) Shock

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION no	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 18 1949	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Fell Down Stairs

22. I hereby certify that I attended the deceased from 19 Sept, 1949, to Oct 23, 1949, that I last saw the deceased alive on Oct 22, 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm T Coulbourn MD Crisfield Md Oct 26/49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 10/26/49	NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery	LOCATION (City, town, or county) (State) Crisfield, Maryland
DATE REC'D BY LOCAL REG. 10/26/49	REGISTRAR'S SIGNATURE C. E. Collins	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors	ADDRESS Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10030

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deal Island
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deal Island
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Levin (Last) Anderson

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov 4, 1893

9. AGE last birthday: 56 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Anderson

14. MOTHER'S MAIDEN NAME: Roxie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. George Anderson (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Accidental Drowning

850.8 / 172 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Accident

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Tangier Sound — (CITY OR TOWN): near Deal Island — (COUNTY): Som — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 10 4 49 12:20 p.m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Fell overboard & was drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Henry M. Lankford — (Degree or title): M.D — ADDRESS: Princess Anne Md. — DATE SIGNED: 10/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 6th 49 — NAME OF CEMETERY OR CREMATORY: St Johns M.E. — LOCATION (City, town, or county) (State): Deal Island Md.

DATE REC'D BY LOCAL REG.: 10/7/49 — REGISTRAR'S SIGNATURE: Lola L. Whatley — **24. FUNERAL DIRECTOR** — ADDRESS: R. H. Webster Deal Island Md

RECEIVED
NOV 9 1949
BUREAU V. S.
RECEIVED
NOV 9 1949
BUREAU V. S.

The enclosed death certificate has been held up due to the Insurance Agency borrowing some in order to straighten out policy and instead of returning it. He sent it on to the Insurance Company. The undertaker, after waiting so long had to go back to the doctor and get a new certificate. Sorry for the delay

10031

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) S (Last) Bowe
4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 26, 1878
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Filling Station
11. BIRTHPLACE (State or foreign country) Point Pleasant, Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Phillip Bowe
14. MOTHER'S MAIDEN NAME Kate Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sarah Martin (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Uremia — Hrs.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis + Hypertension — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arterial sclerosis

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to Oct. 29, 1949, that I last saw the deceased alive on Oct. 29, 1949, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos B Wheatley M.D. ADDRESS Princess Anne Md. DATE SIGNED 10/31/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/31/49
NAME OF CEMETERY OR CREMATORY St Andrews
LOCATION (City, town, or county) (State) Princess Anne Md
DATE REC'D BY LOCAL REG. 10/31/49
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd.
24. FUNERAL DIRECTOR Dale Doshiell - ADDRESS Pr. Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10032

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) Lorena (Last) Dennis

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): | 8. DATE OF BIRTH: 12-18-1895 | 9. AGE last birthday: 53 yrs. | If under 1 year: Months 10, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Princess Anne, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Jones | 14. MOTHER'S MAIDEN NAME: Indiana Norman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Thomas Dennis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Haemorrhage — Interval between onset and death: 14 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Ap 15, 1946 to Oct 11, 1949, that I last saw the deceased alive on Oct 10th, 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE Eldon L. Mansmann (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 10-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10-16-49 | NAME OF CEMETERY OR CREMATORY: John Wesley | LOCATION (City, town, or county): Princess Anne, (State): Md

DATE REC'D BY LOCAL REG. 10/15/49 | REGISTRAR'S SIGNATURE: R. E. Johnson, M.D. 2d

24. FUNERAL DIRECTOR: William H. Jones Jr. ADDRESS: Princess Anne Md

RECEIVED
OCT 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10033

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 yrs.
Hospital, institution, or street address where death occurred: 102 1st Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 102 1st Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Mary Jane Howeth

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: William T. Howeth
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): Feb 16 1891

8. AGE: Years: 58 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Tangier Island, Va.
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business
FATHER
12. Name: William Charnick
13. Birthplace: Tangier Island, Va.
MOTHER
14. Maiden name: Katherine Moore
15. Birthplace: Tangier Island
16. Informant: William T. Howeth
Address: 102 1st St.
17. Burial (Burial, cremation, or removal, Which?) Date thereof: 10 (month) 19 (day) 1949 (year)
Cemetery or crematory: Crisfield Cemetery
Location: Somerset Ave
18. Funeral director: Durward Covington
Address: 306 Main St. Crisfield Md
19. 10/18/ 1949 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 17 1949 at 11 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15 1949 to Oct. 17 1949 and that I last saw her alive on Oct. 17 1949

Immediate cause of death	DURATION
Chronic nephritis	2 yrs
" myocarditis	"
Due to	
Due to 592	
Other conditions 131 b (Include pregnancy within 3 months of death)	

Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: Sarah M. Peyton M.D. M. D. or other
Address: Crisfield, Md Date signed: Oct. 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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RECEIVED
OCT 20 1949
LIBRARY

10034

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter
LENGTH OF STAY (in this place) 1 Month 16 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter
STREET ADDRESS (If rural, give location) Box 1

3. NAME OF DECEASED (Type or Print) (First) Zack (Middle) Thomason T. (Last) Jones
4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1949
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 8-25-49
9. AGE last birthday yrs. If under 1 year Months 1 Days 16 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salisbury Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ashley Wigfall
14. MOTHER'S MAIDEN NAME Celestine Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Celestine Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Diarrhea — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

774 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematuriety

119a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Premature Infant.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9th, 1949, to Oct 12th, 1949, that I last saw the deceased alive on Oct 9th, 1949, and that death occurred at 4.00 p m., from the causes and on the date stated above.

SIGNATURE Eldon G. MacKinnon (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 10.12.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-13-49
NAME OF CEMETERY OR CREMATORY Dames Quarter
LOCATION (City, town, or county) (State) Dames Quarter Md

DATE REC'D BY LOCAL REG. 10/13/49
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr.
24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 14 1949
BUREAU V. S.

10035

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield (rural)
STREET ADDRESS (If rural give location) Calvary

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Kelsey (Last) King.

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Oct. 25, 1949

9. AGE last birthday: yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours 9 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Coleman W. King

14. MOTHER'S MAIDEN NAME: H. Anna Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: H. Anna Nelson King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 9 hrs

760.0 Antecedent cause(s)

161 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral injury due to difficult

(c) delivery (Right forceps. Due to mother's small pelvis & baby's large head)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 25 1949 — 19b. MAJOR FINDINGS OF OPERATION: Delivery

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 1949, 12 m. to Oct. 25, 1949, 12 m., that I last saw the deceased alive on Oct. 25, 1949, and that death occurred at 10 1 m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

S. W. Peyton — M.D. — Crisfield, Md — Oct. 26, 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: Oct. 26, 1949 — NAME OF CEMETERY OR CREMATORY: Asbury Cemetery — LOCATION (City, town, or county) (State): Crisfield, Md

DATE REC'D BY LOCAL REG.: 10/26/49 — REGISTRAR'S SIGNATURE: C. E. Collins — 24. FUNERAL DIRECTOR: Leonard D. Carrington — ADDRESS: Crisfield, Md.

VS. A15

RECEIVED
NOV 1 1919
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10036

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct Age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield Rural — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesapeake Ave Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield Rural
STREET ADDRESS (If rural, give location) Chesapeake Ave Ext

3. NAME OF DECEASED (Type or Print): (First) Ulysses (Middle) Grant (Last) Sterling

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6/8/1916

9. AGE last birthday: 33 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Alonzo T. Sterling

14. MOTHER'S MAIDEN NAME: Beatrice McCready

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Alonzo T. Sterling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis of Liver (Cirrhosis of Liver) (11-23-49 - as) — 10 months

581.0 Antecedent cause(s)

124a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jaundice Icterus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Crisfield (CITY OR TOWN) (COUNTY) Somerset (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 10 25 1949 5 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/14, 1949, to 10/25, 1949, that I last saw the deceased alive on 10/25, 1949, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. E. Somers M.D. ADDRESS Crisfield, Md. DATE SIGNED 10/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 10/28/49 — NAME OF CEMETERY OR CREMATORY: Sunny Side — LOCATION (City, town, or county) (State): Hopewell Md.

DATE REC'D BY LOCAL REG. 10/28/49 — REGISTRAR'S SIGNATURE C. E. Collins — 24. FUNERAL DIRECTOR: Hayward Covington — ADDRESS Crisfield Md.

RECEIVED
NOV 1 1949
BUREAU V. S.

10037

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH· COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MOODY	(Middle) SANKY	(Last) WATERS	4. DATE OF DEATH (Month) October	(Day) 9,	(Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 15, 1883	9. AGE last birthday 66 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Fairmount, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Joshua Waters		14. MOTHER'S MAIDEN NAME Charlotte Waters			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Elsie Nannie Waters (wife)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	6 mos.?
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular-renal disease	? yrs.
131a	(c) Arteriosclerosis	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 14, 1949, to Oct. 9, 1949, that I last saw the deceased alive on Oct. 9, 1949, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T. R. Huntable Jr.	M.D.	Princess Anne, Md.	Oct. 10, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Oct 13-1949	NAME OF CEMETERY OR CREMATORY Ebenezer	LOCATION (City, town, or county) (State) Fairmount Somerset Co Md
DATE REC'D BY LOCAL REG. 10/12/49	REGISTRAR'S SIGNATURE R. S. Johnson, M.D.	24. FUNERAL DIRECTOR Charles H Ward	ADDRESS Marion Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 14 1919
BUREAU V. S.

10038

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crisfield R.F.D. #1	STREET ADDRESS (If rural, give location) Crisfield R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) WALLACE (Middle) WILLIAMS (Last)

4. DATE OF DEATH (Month) Oct. (Day) 12, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	colored	married	1878	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
seafood laborer		Crisfield, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert - Williams	Annie Ydbreez.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Samuel Williams (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma, glans penis.	8 mo.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

179

51d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1949, to Oct 12, 1949, that I last saw the deceased alive on Oct 12, 1949, and that death occurred at 5:10 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. G. Rawley M.D. ADDRESS Crisfield Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Oct. 18, 1949	Lawsonia Cemetery	Crisfield, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10/18/49	C. E. Collins	Bradshaw Funeral Parlors Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

RECEIVED
OCT 25 1949
BUREAU V. S.